

FY 2010 ANNUAL REGISTRY REPORT NEW UNIT REGISTRATION FORM

Please return completed reports to:
Office of the Comptroller
Local Government Division
100 W. Randolph Street, Suite 15-500
Chicago, IL 60601-3252
(877) 304-3899

Unit Name:	Cour	ity:	Unit Code:				
I attest that, to the best of my knowledge, this report represents the complete and accurate registration information of the government at the end of this reporting year.							
Writ	ten signature of governme	nt official	Date				
Print Name:		Title:					
PLEASE CROSS OUT ALL INCO > STEP 1: ENTER CONTACT I Is the following information correct and If the Chief Executive Officer and the Coskip to Step 2. If not, please do not lead A Contact region (elected or experience)	NFORMATION complete? thief Financial Officer are leve columns B and C bla	Yes No e the same person a nk.	s the Contact Person,	please check this box and			
A. Contact person (elected or appointed official responsible for filling out this form):	B. Chief Executive Officer (elected or appointed official responsible for the executive administration, i.e. mayor, supervisor, or chairman):		C. Chief Financial Officer (elected or appointed official responsible for maintaining the government's financial records):				
First: Last:	First:	Last:	First:	Last:			
Title:		Title:					
Add:	Add:		Add:				
City:	City:		City:				
State:	State:		State				
Zip: Phone: Ext.:	Zip: Phone:	Ext.:	Zip: Phone:	Ext.:			
Fax:	Fax:	EX l	Fax:	EXI			
E-mail:	E-mail:		E-mail:				

> STEP 2: VERIFY FISCAL YEAR END

FY END DATE: / /2010

If the fiscal year end date, listed above, is incorrect, cross out the incorrect date and provide the correct date. Official documentation of this change must be sent with this report before the fiscal year end date can be changed.

> STEP 3: POPULATION, EAV, AND EMPLOYEES

^What is the total population/school enrollment of the government?	
What is the total EAV of the government?	\$

[^]Or provide estimated population

> STEPS 4 AND 5: COMPONENT UNITS AND APPROPRIATIONS

Provide the appropriation for the primary government listed in the first row of the table below.

In the remaining rows, provide the names of all component units along with their appropriation. Indicate if the component units are blended or discretely presented, its fiscal year end date and if the component unit was funded with governmental fund types or enterprise fund types. If the component units are already indicated, that data is based on previously submitted forms. If you have more component units than the rows provided below, please indicate them on an attachment.

Name of Unit/Component FUNDS SHOULD NOT BE LISTED HERE*	Appropriation [^]	Type of Component Unit (Blended or Discretely Presented)	Fiscal Year End	Enterprise Fund Type or Governmental Fund Type
	\$			
	\$		/ / 2010	
	\$		/ / 2010	
	\$		/ / 2010	
Total Appropriations	\$			

Alf the Primary Government or Component Unit does NOT budget or levy taxes, please enter the unit's TOTAL EXPENDITURES.

> STEP 6: REPORTING

Check any state or local entity where financial reports are filed.

STATE AGENCIES				
Board of Education	Board of Higher Education			
DCEO	Department of Insurance			
OTHER STATE OR LOCAL OFFICES				
	Secretary of State			
General Assembly – House	General Assembly – Senate			
□ - County Clerk	Circuit Clerk			
Governor's Office	Other			